

Employee Benefits Survey

Technical Note

The Employee Benefits Survey (EBS) of the Bureau of Labor Statistics (BLS) covers the incidence and characteristics of employee benefit plans, and is conducted jointly with the Bureau's Employment Cost Index. The two surveys cover all private sector establishments (except farms and private households) and State and local governments.

The survey covers full- and part-time employees in the 50 States and District of Columbia. However, industrial and establishment size coverage of the EBS varies on a rotating basis. In even-numbered reference years, EBS data are collected for small private establishments (those employing fewer than 100 workers) and State and local governments, regardless of employment size. In odd-numbered years, data are collected for medium and large private establishments (those employing 100 workers or more).

Occupational groups

Within each surveyed establishment, data are collected for a sample of all occupations in the establishment. The occupations are selected randomly; the probability of any occupation's selection is related to its employment size relative to total employment in the surveyed establishment.

Benefit areas

BLS requests that surveyed establishments provide data for the sample occupations' work schedules and details of plans in each of the following benefit areas: Paid holidays, vacations, personal leave, funeral leave, military leave, sick leave, jury-duty leave, and paid and unpaid family leave; sickness and accident insurance; long-term disability insurance; medical, dental, and vision care; life insurance; defined benefit pension plans; defined contribution plans; flexible benefit plans; and reimbursement accounts.

Data are also collected on the incidence of the following additional benefits: Severance pay, supplemental unemployment benefits, travel accident insurance, nonproduction cash bonuses, child care, elder care, long-term care insurance, wellness programs, recreation facilities, job-related and nonjob-related educational assistance, employee assistance programs, financial counseling, subsidized commuting, sabbatical leave, stock option plans, stock purchase plans, and cash profit-sharing plans.

Survey estimation methods

The survey design uses an estimator that assigns the inverse of each surveyed establishment's probability of selection as a weight to its data. Three weight-adjustment factors are applied to the establishment data. The first factor is introduced to account for establishment nonresponse and the second for occupational nonresponse. A third poststratification factor is introduced to adjust the estimated employment totals to actual counts of the employment by industry for the survey reference date.

There are two procedures used to adjust for missing data from responding establishments. First, imputations for the number of plan participants are made for cases in which this number is not reported. Each of these participant values is imputed by selecting a similar plan from another establishment with similar employment in a similar industry. The participation rate from this selected plan is then used to approximate the number of participants for the plan that is missing a participation value.

Second, imputations for plan provisions are made when they are not available because of an establishment's partial response. These plan provisions are imputed by selecting provisions from a plan from another establishment with similar characteristics.

Regular publications

Estimates from the Employee Benefit Survey are published in three bulletins: *Employee Benefits in Small Private Establishments*; *Employee Benefits in Medium and Large Private Establishments*; and *Employee Benefits in State and Local Governments*.

To meet the needs of data users interested in specific benefit topics, EBS data are used to prepare three series of short publications: *Understanding Employee Benefits* is a popularly written series of flyers covering benefits. *Employee Benefits Briefs* are one-page highlights of benefits topics. *Issues in Labor Statistics* is a series of BLS occasional reports that presents information of current interest.

More information may be obtained by writing the Employee Benefits Survey, Bureau of Labor Statistics, 2 Massachusetts Avenue, NE, Room 4160, Washington, DC 20212-0001. Public information is also available by telephone at (202) 606-6222. World Wide Web access: <http://stats.bls.gov>

Table B-1. Percent of full-time employees in medical plans¹ by source of managed care features, public and private sector, 1994-95

Source of managed care features	All employees	Public sector employees	Private sector employees	Medium and large private establishment employees	Small private establishment employees
Number of employees (in thousands)	60,274	11,192	49,082	25,546	23,536
Total (percent)	100	100	100	100	100
With managed care benefits	87	87	87	89	85
Traditional fee-for-service ² ...	44	38	46	37	55
With managed care features ³	33	28	34	28	41
Without managed care	11	11	11	9	14
Preferred provider organization ⁴	30	30	30	34	24
Prepaid health maintenance organization ⁵	25	30	24	27	19

¹ Plans providing services or payments for services rendered in the hospital or by a physician. Includes exclusive provider organization plans that are not shown separately. Excludes plans that provided only dental, vision or prescription drug coverage.

² The plan pays for specific medical procedures as expenses are incurred.

³ Fee-for-service plans with preadmission certification or mandatory second surgical opinion features.

⁴ A preferred provider organization (PPO) is a

group of hospitals and physicians that contract to provide comprehensive medical services. To encourage use of organization members, the health care plan limits reimbursement rates when participants use nonmember services.

⁵ A health maintenance organization (HMO) provides a prescribed set of benefits to enrollees for a fixed payment.

NOTE: Because of rounding, sums of individual items may not equal totals.

Table B-2. Percent of full-time employees in medical plans by coverage of selected services, and type of plan, public and private sector, 1994-95

Categories of care	All employees			Public sector employees			Private sector employees		
	All plans	Non-HMO plans	HMO plans	All plans	Non-HMO plans	HMO plans	All plans	Non-HMO plans	HMO plans
Number of employees (in thousands)	60,274	45,389	14,885	11,192	7,881	3,311	49,082	37,508	11,574
Percent									
Hospital room and board	100	100	100	100	100	100	100	100	100
Inpatient surgery	100	100	100	100	100	100	100	100	100
Outpatient surgery ¹	100	100	100	100	100	100	100	100	100
Inpatient physician visits	100	100	100	100	100	100	100	100	100
Office physician visits	100	100	100	100	100	100	100	100	100
Diagnostic X-ray and laboratory	100	100	100	100	100	100	100	100	100
Extended care ²	78	76	82	81	80	82	77	75	82
Home health care ²	81	78	91	84	82	89	81	77	91
Hospice care	60	65	42	58	65	42	60	65	42
Inpatient mental health	63	53	92	51	31	97	66	58	90
Outpatient mental health	57	44	95	44	21	98	60	49	94
Inpatient alcohol detoxification ³	70	61	98	61	46	98	72	64	98
Inpatient alcohol rehabilitation ⁴	50	46	61	41	31	63	52	49	61
Outpatient alcohol rehabilitation ⁴	53	44	80	44	27	85	55	48	79
Inpatient drug detoxification	69	60	97	62	46	98	71	63	97
Inpatient drug rehabilitation	49	45	61	39	29	62	51	48	61
Outpatient drug rehabilitation	52	43	80	43	25	84	54	46	78
Hearing care ⁵	29	11	85	34	12	87	28	10	85
Physical exam	51	36	97	55	38	98	50	35	97
Well-baby care	56	42	96	62	49	94	54	41	97
Immunization and inoculation	44	28	93	49	30	94	43	27	92

¹ Charges incurred in the outpatient department of a hospital and outside the hospital.

² Some plans provide this care only to a patient who was previously hospitalized and is recovering without need of the extensive care provided by a general hospital.

³ Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

⁴ Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications.

⁵ Plans provide, as a minimum, coverage for hearing examination expenses.

NOTE: Because of rounding, sums of individual items may not equal totals.

Table B-3. Percent of full-time employees in non-health maintenance organizations by amount of individual deductible,¹ public and private sector, 1994-95

Deductible ²	All employees			Public sector employees			Private sector employees		
	All non-HMO plans ³	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ³	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ³	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,389	26,686	17,879	7,881	4,269	3,368	37,508	22,417	14,510
Total (percent)	100	100	100	100	100	100	100	100	100
Deductible specified	83	94	69	84	93	78	82	94	67
Deductible on an annual basis ⁴	82	94	69	84	93	78	82	94	67
Based on earnings ⁵	4	5	3	(⁶)	1	-	5	6	4
Flat dollar amount	78	89	65	83	92	78	77	88	63
Less than \$100	2	3	1	6	9	1	1	2	1
\$100 - \$149	21	25	16	33	42	23	18	21	14
\$150 - \$199	7	8	7	7	5	9	7	9	6
\$200 - \$249	20	20	20	18	15	22	20	21	19
\$250 - \$299	12	15	9	12	12	12	12	15	8
Over \$300	17	19	14	9	9	10	18	21	14
Other	(⁶)	(⁶)	(⁶)	(⁶)	-	(⁶)	(⁶)	(⁶)	(⁶)
No deductible	17	5	31	16	7	22	17	5	33
Not determinable	(⁶)	1	(⁶)	(⁶)	1	-	(⁶)	1	(⁶)

¹ The deductible is the amount of covered expenses that an individual must pay before any charges are paid by the medical care plan. Deductibles that apply separately to a specific category of expense, such as a deductible for each hospital admission, were excluded from this tabulation.

² Amount of deductible described is for each insured person. However, many plans contain a maximum family deductible. In some plans, the individual and the family deductibles are identical. If the deductible applied only to dependents' coverage, it was not tabulated.

³ These plans include exclusive provider organizations that are not shown separately.

⁴ Deductibles are calculated on an annual basis, with the enrollee responsible for satisfying a new deductible requirement each plan year.

⁵ These plans have deductibles that vary by the amount of the participant's earnings. A typical provision is 1 percent of annual earnings with a maximum deductible of \$150.

⁶ Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table B-4. Percent of full-time employees in non-health maintenance organizations by relationship of individual and family deductibles,¹ public and private sector, 1994-95

Relationship of individual and family deductibles	All employees			Public sector employees			Private sector employees		
	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,389	26,686	17,879	7,881	4,269	3,368	37,508	22,417	14,510
Total (percent)	100	100	100	100	100	100	100	100	100
Individual and family deductibles specified	72	81	61	79	89	72	70	79	59
Family deductible is multiple of individual deductible ³	55	62	47	59	63	56	55	62	45
2 times	27	32	22	33	35	33	26	31	19
3 times	24	25	22	20	24	14	24	25	24
Other	4	5	4	6	4	9	4	5	2
Specified number of individual deductibles must be met to satisfy family deductible ⁴	16	19	14	20	25	16	16	17	13
Less than 3 individual deductibles	6	7	4	6	9	4	6	7	4
3 individual deductibles	11	11	10	14	16	12	10	10	10
More than 3 individual deductibles	(⁵)	(⁵)	(⁵)	-	-	-	(⁵)	(⁵)	(⁵)
No individual and/or family deductible	28	19	39	21	11	28	29	20	41
Not determinable	(⁵)	1	(⁵)	(⁵)	1	-	(⁵)	1	(⁵)

¹ Deductibles are calculated on an annual basis with the enrollee responsible for satisfying a new deductible requirement each plan year.

² These plans include exclusive provider organizations that are not shown separately.

³ For example, the individual deductible requirement is \$100 while the family deductible requirement is \$300.

⁴ For example, the individual requirement is \$100 and three individual deductibles must be met to satisfy the family requirement.

⁵ Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table B-5. Percent of full-time employees in non-health maintenance organizations by coinsurance rates, public and private sector, 1994-95

Coinsurance	All employees			Public sector employees			Private sector employees		
	All non-HMO plans ¹	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ¹	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ¹	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,389	26,686	17,879	7,881	4,269	3,368	37,508	22,417	14,510
Total (percent)	100	100	100	100	100	100	100	100	100
With coinsurance ²	88	96	79	87	94	83	88	97	78
Coinsurance rate ³									
80 percent	65	83	41	64	78	51	65	84	39
85 percent	3	2	3	3	3	3	3	2	4
90 percent	16	5	32	17	10	27	16	4	33
Other percent	4	5	2	2	3	2	4	6	2
Varies ⁴	(⁵)	(⁵)	(⁵)	1	1	1	(⁵)	(⁵)	(⁵)
Other	(⁵)	-	(⁵)	-	-	-	(⁵)	-	(⁵)
Without coinsurance ⁶	12	4	21	13	5	17	12	3	22
Not determinable	(⁵)	(⁵)	-	(⁵)	1	-	-	-	-

¹ These plans include exclusive provider organizations that are not shown separately.

² Represents the initial coinsurance in plans that have 100 percent coverage after the individual pays a specified dollar amount toward expenses. For example, the plan pays 80 percent until the individual's out-of-pocket expenses reach \$1,000, and then coverage is at 100 percent.

³ A few plans have more than one coinsurance rate. In those cases, the coinsurance rate shown is that which applies to the majority of benefits under the plan.

⁴ The overall coinsurance rate varies by specified dollar amount of expenses. For example, 80 percent coverage up to \$5,000 and 90 percent thereafter.

⁵ Less than 0.5 percent.

⁶ Includes plans with overall benefit limitations, such as maximum dollar amounts and deductibles, where the coinsurance rate is 100 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table B-6. Percent of full-time employees in non-health maintenance organizations by maximum out-of-pocket expense provisions, public and private sector, 1994-95

Item	All employees			Public sector employees			Private sector employees		
	All non-HMO plans ¹	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ¹	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ¹	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,389	26,686	17,879	7,881	4,269	3,368	37,508	22,417	14,510
Total (percent)	100	100	100	100	100	100	100	100	100
With limit on out-of-pocket expense	86	91	82	85	89	86	87	92	81
With an annual dollar maximum on out-of-pocket expense ²	78	84	72	80	86	79	77	83	70
Per individual:									
Less than \$1,000	30	33	26	45	50	42	26	29	22
\$1,000 - \$1,499	27	29	25	21	24	18	28	30	27
\$1,500 or greater	21	22	21	14	11	18	23	24	21
Per family:									
Less than \$2,000	17	19	14	23	26	19	15	17	13
\$2,000 - \$2,999	13	13	13	10	9	12	13	13	13
\$3,000 or greater	18	18	18	10	7	13	19	20	19
Other family maximum ³	13	14	12	8	6	11	14	15	12
No family maximum ..	18	21	16	30	36	24	16	18	14
Annual maximum on out-of-pocket expense based on earnings	5	4	7	3	1	6	6	5	7
Annual maximum on out-of-pocket expense varies by coinsurance rate ⁴	3	4	3	2	2	2	4	4	4
Other	(⁵)	(⁵)	(⁵)	(⁵)	(⁵)	(⁵)	(⁵)	(⁵)	(⁵)
No out-of-pocket expense required ⁶	5	2	8	6	2	6	5	2	8
No limit on out-of-pocket expense	8	7	10	8	8	8	8	6	10
Not determinable	(⁵)	(⁵)	1	(⁵)	1	-	(⁵)	(⁵)	1

¹ These plans include exclusive provider organizations that are not shown separately.

² Deductible amounts were excluded from computation of the out-of-pocket dollar limits. With rare exceptions, an out-of-pocket limit was specified on an annual basis. Few workers were in plans where the expense limit applied to a disability or a period other than a year. Charges for certain services, such as mental health care, may not be counted toward the out-of-pocket maximum.

³ These are plans where a family maximum is stated in such a way that it cannot be computed. For example, the individual out-of-pocket expense is limited to \$1,000 per year and the family out-of-pocket expense is limited to three individuals. The family out-of-pocket expense cannot be computed because each of the three individuals must separately reach an out-of-pocket limit of \$1,000. Thus, if two individuals each reach \$1,000 in their out-of-pocket

expenses, and two other family members reach \$900 and \$800, respectively, in out-of-pocket expenses, the family out-of-pocket limit would not have been met. A family dollar maximum cannot be computed in this example.

⁴ Some plans reimburse medical expenses at more than one coinsurance rate. They impose a limit on out-of-pocket expenses by specifying a maximum on covered medical expenses beyond which all expenses are paid at 100 percent.

⁵ Less than 0.5 percent.

⁶ All covered expenses are paid at 100 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table B-7. Percent of full-time employees in non-health maintenance organizations by maximum benefit provisions, public and private sector, 1994-95

Maximum ¹	All employees			Public sector employees			Private sector employees		
	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,389	26,686	17,879	7,881	4,269	3,368	37,508	22,417	14,510
Total (percent)	100	100	100	100	100	100	100	100	100
With maximum limits	74	75	73	75	76	78	73	75	72
Lifetime maximum only	71	73	71	73	75	75	71	72	70
Less than \$500,000	6	8	2	5	8	2	6	8	2
\$500,000 - \$999,999	6	6	5	5	6	5	6	6	5
\$1,000,000 or greater	60	58	64	63	61	69	60	58	63
Annual or disability maximum only	1	1	1	1	(³)	1	1	1	(³)
Both lifetime and annual or disability maximums	2	2	1	1	(³)	2	2	2	1
Other maximum	(³)	-	(³)	(³)	-	1	(³)	-	(³)
Without maximum limits	25	23	27	24	23	21	26	23	28
Not determinable	1	1	(³)	1	1	1	1	1	(³)

¹ Maximum described is for each insured person. Where the maximum differed for employees and dependents, the employee maximum was tabulated.

² These plans include exclusive provider organizations that are not shown separately.

³ Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table B-8. Average annual deductible for individual plan participants, average annual maximum out-of-pocket expenses for individuals and families, and average maximum lifetime benefits, in non-health maintenance organizations, public and private sector, 1994-95

Maximum ¹	All employees			Public sector employees			Private sector employees		
	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations
Number with medical care	45,388,867	26,686,340	17,878,719	7,880,563	4,269,404	3,368,489	37,508,304	22,416,936	14,510,230
Average annual deductible ³	\$242	\$246	\$235	\$186	\$172	\$206	\$255	\$260	\$244
Annual maximum out-of-pocket expenses									
Individual ³	1,223	1,168	1,312	941	862	1,053	1,285	1,228	1,379
Family ³	2,555	2,464	2,682	1,947	1,690	2,275	2,669	2,591	2,776
Lifetime maximum benefits ³	921,802	998,679	821,922	896,051	850,532	951,990	927,326	1,027,407	789,217

¹ Maximum described is for each insured person. Where the maximum differed for employees and dependents, the employee maximum was tabulated.

² These plans include exclusive provider organizations that are not shown separately.

³ The average is presented for all covered workers; averages exclude workers without the plan provision.

NOTE: Because of rounding, sums of individual items may not equal totals.